



Practitioner's Docket No. PERLIN-8

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mark W. Perlin

Application No.: 09/504,389

Group No.: 1631

Filed: 02/15/2000

Examiner: John Brusca

For: METHOD FOR DNA MIXTURE ANALYSIS

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$465.00

FEE FOR CLAIMS

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is *mandatory*;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

X deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

X with sufficient postage as first class mail.

37 C.F.R. § 1.10*

☐ as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) _____

Tracey L. Milka
Signature

Date: 7/30/03

Tracey L. Milka

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | | |
|---|---|--------------------------------------|------------------|---------------------|---------------|--|--|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE | | |
| TOTAL | 13 | – 22 | = 0 | x \$ 9.00 | = \$ 0.00 | | |
| INDEP. | 1 | – 6 | = 0 | x \$ 42.00 | = \$ 0.00 | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM+ | | | | \$ 0.00 | = \$ 0.00 | | |
| | | | | TOTAL ADDIT. FEE | \$ 0.00 | | |

No additional fee for claims is required.

FEE PAYMENT

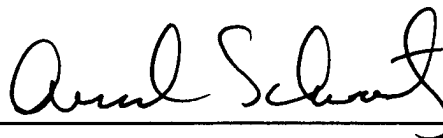
5. Attached is a check in the sum of \$465.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 19-0737.

An additional fee for claims is required, charge Account No. 19-0737.



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